

APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS

CIWMB E-1-77 (Rev. 8-04)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency.
Please refer to the attached instructions for definitions of terms and for completing this application form in a complete and correct manner.

FOR OFFICIAL USE ONLY

| | | | |
|----------------|----------------|---|----------------|
| SWIS NUMBER: | FILING FEE: | RECEIPT NUMBER: | DATE RECEIVED: |
| DATE ACCEPTED: | DATE REJECTED: | ACCEPTANCE DATE OF INCOMPLETE APPLICATION: _____ DATE DUE: _____ | |

Part 1. GENERAL INFORMATION

| | |
|--|------------|
| A. ENFORCEMENT AGENCY: | B. COUNTY: |
| C. TYPE OF APPLICATION (Check one box only): | |

- | | |
|--|--|
| <input type="checkbox"/> 1. NEW SWFP and/or WDRS | <input type="checkbox"/> 4. PERMIT REVIEW |
| <input type="checkbox"/> 2. REVISION OF SWFP and/or WDRS | <input type="checkbox"/> 5. AMENDMENT OF APPLICATION |
| <input type="checkbox"/> 3. EXEMPTION and/or WAIVER | <input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS |

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:

2. LATITUDE AND LONGITUDE:

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:

C. TYPE OF ACTIVITY: (Check applicable boxes):

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. DISPOSAL a. TYPE : _____ | <input type="checkbox"/> 3. TRANSFORMATION | <input type="checkbox"/> 5. OTHER (describe): _____ |
| <input type="checkbox"/> 2. COMPOSTING a. TYPE: _____ | <input type="checkbox"/> 4. TRANSFER/PROCESSING FACILITY <input type="checkbox"/> CHECK HERE IF RECYCLABLE MATERIALS ARE RECOVERED PRIOR TO TRANSFER/PROCESSING | |

D. CONFORMANCE FINDING INFORMATION (CIWMP):

- ☐ 1. FACILITY IS IDENTIFIED IN (Check one):
- | | | |
|---|------------------------|--------------|
| <input type="checkbox"/> SITING ELEMENT | DATE OF DOCUMENT _____ | PAGE # _____ |
| <input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT | DATE OF DOCUMENT _____ | PAGE # _____ |
- ☐ 2. FACILITY IS NOT REQUIRED TO BE IDENTIFIED IN SITING ELEMENT OR NONDISPOSAL FACILITY ELEMENT

E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. AGRICULTURAL | <input type="checkbox"/> 6. CONSTRUCTION/DEMOLITION | <input type="checkbox"/> 11. LIQUIDS |
| <input type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable | <input type="checkbox"/> 7. CONTAMINATED SOILS | <input type="checkbox"/> 12. MIXED/MUNICIPAL SOLID WASTE |
| <input type="checkbox"/> 3. ASH | <input type="checkbox"/> 8. DEAD ANIMALS | <input type="checkbox"/> 13. SEWAGE SLUDGE |
| <input type="checkbox"/> 4. AUTO SHREDDER | <input type="checkbox"/> 9. INDUSTRIAL | <input type="checkbox"/> 14. TIRES |
| | <input type="checkbox"/> 10. INERT | <input type="checkbox"/> 15. OTHER (describe): _____ |
| <input type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____ | | |

Part 3. FACILITY INFORMATION

A. PROPOSED CHANGE (Check applicable box(es)):

- ☐ 1. DESIGN (describe): _____
- ☐ 2. OPERATION (describe): _____
- ☐ 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (describe): _____
- ☐ 4. OTHER (describe): _____
-

B. FACILITY INFORMATION:**1. INFORMATION APPLICABLE TO ALL FACILITIES**

- a. PEAK DAILY TONNAGE OR CUBIC YARDS _____
- 1) DISPOSAL/TRANSPORT (unit) _____
- 2) OTHER (unit) _____
- b. DAILY DESIGN TONNAGE (TPD) _____
- c. FACILITY SIZE (acres) _____
- d. PEAK TRAFFIC VOLUME PER DAY (vpd) _____
- e. DAYS AND HOURS OF OPERATION _____

2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES ONLY:

- a. SITE STORAGE CAPACITY (cu yds) _____

3. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY

- a. AVERAGE DAILY TONNAGE (TPD) _____
- b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) _____
- c. SITE CAPACITY PROPOSED (Airspace) (cu yds) _____
- d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) _____
- e. SITE CAPACITY REMAINING (Airspace) (cu yds) _____
- f. DATE OF CAPACITY INFORMATION (Date) (See instructions): _____
- g. LAST PHYSICAL SITE SURVEY (Date) _____
- h. ESTIMATED CLOSURE DATE (month and year) _____
- i. DISPOSAL FOOTPRINT (acres) _____
- j. SITE CAPACITY PLANNED (cu yds) _____
- k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) _____
 AND
 (ii) WASTE-TO-COVER RATIO (Estimated) (v:v) _____
 OR
 2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) _____

Part 4. SOURCE OF WATER SUPPLY (Check applicable boxes)

- ☐ A. MUNICIPAL OR UTILITY SERVICE: _____
- ☐ B. INDIVIDUAL (wells): _____
- ☐ C. SURFACE SUPPLY:
1. NAME OF STREAM, LAKE, ETC. _____
2. TYPE OF WATER RIGHTS:
- ☐ RIPARIAN ☐ APPROPRIATION
3. STATE PERMIT OR LICENSE NUMBER, IF APPLICABLE _____
-

Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)

A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR THIS PROJECT AND PROVIDE THE STATE CLEARINGHOUSE NUMBER (SCH#):

- ☐ ENVIRONMENTAL IMPACT REPORT (EIR) SCH# _____
- ☐ NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# _____
- ☐ ADDENDUM TO (Identify environmental document) _____ SCH# _____

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- ☐ CATEGORICAL/STATUTORY EXEMPTION (CE/SE)
EXEMPTION TYPE _____ GUIDELINE # _____

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)

A. REQUIRED WITH ALL APPLICATION SUBMITALS:

- | | |
|--|---|
| <input type="checkbox"/> RFI/JTD _____ | <input type="checkbox"/> ENVIRONMENTAL DOCUMENT(S): |
| <input type="checkbox"/> LOCAL USE/PLANNING PERMITS _____ | <input type="checkbox"/> EIR _____ |
| <input type="checkbox"/> LOCATION MAP _____ | <input type="checkbox"/> MND/ND _____ |
| <input type="checkbox"/> MITIGATION MONITORING IMPLEMENTATION SCHEDULE _____ | <input type="checkbox"/> EXEMPTION _____ |
| | <input type="checkbox"/> ADDENDUM _____ |

B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS ONLY:

- | | |
|---|--|
| <input type="checkbox"/> OPERATING LIABILITY FINANCIAL MECHANISM _____ | <input type="checkbox"/> FINANCIAL RESPONSIBILITY DOCUMENTATION _____ |
| <input type="checkbox"/> CLOSURE/POST CLOSURE MAINTENANCE PLAN <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> FINAL _____ | <input type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instructions) _____ |

C. IF APPLICABLE:

- | | |
|---|--|
| <input type="checkbox"/> REPORT OF WASTE DISCHARGE _____ | <input type="checkbox"/> DEPT. OF HEALTH SERVICES PERMIT _____ |
| <input type="checkbox"/> CONTRACT AGREEMENTS _____ | <input type="checkbox"/> SWAT (Air and water) _____ |
| <input type="checkbox"/> STORMWATER PERMIT APPLICATION _____ | <input type="checkbox"/> WETLANDS PERMITS _____ |
| <input type="checkbox"/> NPDES PERMIT APPLICATION _____ | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> VERIFICATION OF FIRE DISTRICT COMPLIANCE _____ | |

Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ GOVERNMENT AGENCY

OWNER(S) OF LAND

(Name):

SSN OR TAX ID #

ADDRESS, CITY, STATE, ZIP

TELEPHONE #:

FAX #:

E-MAIL ADDRESS:

CONTACT PERSON (Print Name):

Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:☐ SOLE PROPRIETORSHIP☐ PARTNERSHIP☐ CORPORATION☐ GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name):

SSN OR TAX ID #:

ADDRESS, CITY, STATE, ZIP

TELEPHONE #:

FAX #:

E-MAIL ADDRESS:

CONTACT PERSON (Print Name):

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Part 9. SIGNATURE BLOCK

Owner:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):

PRINTED NAME:

TITLE:

DATE:

Operator:

I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.

SIGNATURE (FACILITY OPERATOR OR AGENT):

PRINTED NAME:

TITLE:

DATE:

Part 10. OTHER (Attach additional sheets to explain any responses that need clarification).
